

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029596

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 474

STATE FILE NUMBER

FILED JUL 24 1963

VS 300
Rev. 4/59

1 0928

2 0920

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12 1-0

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles</u>		c. CITY OR TOWN <u>Old Monroe</u>	
Length of stay in lb <u>2 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Josephs</u>		d. STREET ADDRESS (If outside, give location) <u>1/4 on C</u>	
3. NAME OF DECEASED (Type or print) <u>Eleonor S. Wehde</u>		4. DATE OF DEATH <u>July 18, 1963</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-5-1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and state or country) <u>Old Monroe, St. Chas. Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Diedrich Burkemper</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Kiaman</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank Wehde</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>2</u>		17. INFORMATION <u>Frank Wehde</u>	
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hrs 45 min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized Arteriosclerosis</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>3-22-1960</u> to <u>7-18-63</u> and last saw her alive on <u>7-18-63</u> Death occurred at <u>5:15 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Kenneth J. O'Dallan</u> M.D.		22b. ADDRESS <u>204 S. Main O'Dallan Mo</u>	
22c. DATE SIGNED <u>7-19-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal - Burial</u>	
23b. DATE <u>July 22, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u>	
23d. LOCATION (City, town, or county) <u>Old Monroe, Mo</u>		24. FUNERAL DIRECTOR <u>Keithly-Davis Funeral Hm</u>	
25. DATE RECD. BY LOCAL REG. <u>July 19-63</u>		26. REGISTRAR'S SIGNATURE <u>Mabel Zumwalt</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1963

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6880

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.